NAF - Basic GP 01/03



## Bureau of Nonpoint Pollution Control Division of Water Quality New Jersey Department of Environmental Protection PO Box 029 Trenton, NJ 08625-0029



## NONAPPLICABILITY FORM

Fill out this form if you believe you do not require a NJPDES Discharge Permit for a stormwater discharge. Return this form completed, dated and signed, to the <u>Bureau of Nonpoint Pollution Control</u> at the above address

1. Fa	cility	Information:					
Facility Name				SIC Code			
s	treet Ac	ldress		Suite/Building #	Federal ID #		
С	City		State	Zip Code	County		
Co	ntact P	erson			()		
		ne appropriate box(es) which provide for the facility identified above) a NJP					
	(i)	ALL the stormwater from the site is discharged to a combined sewer (one that carries sanitary wastewater and stormwater to municipal treatment plant). You can not claim this exemption if any part of the site where industrial activity occurs is unpaved. If so, the Combined Sewer Certification on the back of this form must be completed and signed, or other supporting documentation submitted.					
	(ii)	Our business or agency has an existing stormwater to surface waters.  NJPDES No. NJ	ng NJPC	DES-DSW permit for a	ll of this facility's discharges of		
	(iii)	Our business or agency has an existing NJPDES-DGW permit for all of this facility's discharges of stormwater to surface waters.  NJPDES No. NJ					
	(iv)	The building housing all of the regulated activity extends all the way to the property line on all sides. There is no loading dock, and there is no industrial activity occurring on the roof.					
	(v)	All industrial activity has ceased and no "Significant Material" remains exposed to stormwater.					
П	(vi)	Other: (Attach printed or typed expl	lanation	<b>)</b> )			

## \* ANY REASON SELECTED MAY BE SUBJECT TO VERIFICATION BY DEPARTMENT SITE INSPECTION\*

"I certify under penalty of law that this Nonapplicability Form and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information."

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## WHO MUST SIGN?

FOR A CORPORATION: a "responsible corporate officer" or duly authorized representative. A "responsible corporate officer" is (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

FOR A PARTNERSHIP OR SOLE PROPRIETORSHIP: a general partner or the proprietor, respectively, or duly authorized representative.

FOR A MUNICIPALITY, STATE, FEDERAL OR OTHER PUBLIC AGENCY: either a principal executive officer or ranking elected official, or duly authorized representative.

A "responsible corporate officer", general partner, proprietor, principal executive officer of a public agency, or ranking elected official may assign his or her signatory authority for this Nonapplicability Form to a <u>duly authorized representative</u>, which is a named person or generic position (e.g., plant manager, superintendent, plant engineer, operations manager, etc.) having overall responsibility for facility operation or the permittee's environmental matters, by submitting a letter to the Bureau of Nonpoint Pollution Control stating said authority and naming the person or position.

(Print, if applic	able, the name of th	ne corporation, partnership, or Form)	public agency submitting this Nonapplicability
	(Signature)		// (Date)
			,
*****	(Print Name)	******	(Title)
		ification of Discharge to a Co	
representative of	of a municipal sewe		
Block No	Lot No	Municipality:	
(Signature)		)	// (Date)
(Print Name)			(Title)
	(Name of Certifying	a Agency)	

If a signed Combined Sewer Certification can not be obtained, other supporting documentation may be submitted for Department review in lieu of the above Combined Sewer Certification.

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